

Employee Name (First, MI, Last) _____	Social Security Number _____-_____-_____	Tax Year _____
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Please print in ink or type

Please Read This Affidavit Carefully

Current State law and collective bargaining agreements permit the eligibility of domestic partners as a dependent of a State employee for the purposes of enrollment into a State-sponsored dental and /or health plan. When a State employee adds a domestic partner, the employee will have an imputed tax liability based on the amount of the increase in State contribution to benefits paid for the domestic partner, unless the domestic partner is claimed as a dependent for Federal Income Tax purposes as authorized by the Internal Revenue Service.

In order to remove the imputed tax liability when enrolling a domestic partner into a State dental plan and/or health plan, the Department of Personnel Administration requires that this affidavit be completed and signed by the State employee.

Please complete and sign this affidavit and return it to your personnel office. Failure to return this document may cause you to incur more income tax withholding based on an increase in taxable income.

SECTION A – EMPLOYEE STATEMENT – READ CAREFULLY

Please carefully read the following paragraph and print your name and that of your domestic partner in the appropriate areas:

I, _____, under penalty of perjury declare my domestic partner, _____ as a dependent for the purposes of my Federal Income Taxes. I further affirm under penalty of perjury that should I no longer declare my domestic partner as a dependant for tax purposes, that I will immediately notify the State in writing of this fact. I understand that if I do not notify the State in writing immediately of the change in dependency status for my domestic partner, that I may be held liable for any taxes due based on when the dependency ended. By signing this document I also agree to permit the State upon request of an authorized representative of the Department of Personnel Administration or the State Controller's Office or their designee, full access to my tax records, domestic partner filing documents, and/or any other supporting documentation as needed by the State to verify dependency for Federal Income Tax purposes.

SECTION B - SIGNATURES

EMPLOYEE SIGNATURE REQUIRED _____	DATE: _____/_____/_____
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FOR EMPLOYING AGENCY USE ONLY Affidavit received on ____/____/_____, by _____

AGENCY NAME: _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

AFFIDAVIT FOR DOMESTIC PARTNERS BEING CLAIMED AS ECONOMIC DEPENDENTS

PRIVACY STATEMENT

It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in your tax withholding being increased based on the lack of acknowledgement of your domestic partner's status as a dependent for Federal Income Tax purposes.

Your personnel office and the State Controller's Office require your Social Security Number for identification for the purposes of payroll and deductions. This affidavit also requires your Social Security Number to properly identify you for the purposes of income tax exemption. This form and your Social Security Number will be held as confidential by the State. In the event of an audit or other investigation regarding your taxation, your personnel office and duly authorized auditing agency will require your Social Security Number and name for identification purposes. Legal references authorizing maintenance of this information commencing with Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Copies of this affidavit are maintained in confidential files of your personnel office. Employees have the right of access to copies of their signed affidavit upon request. The official party responsible for access of this form will be the personnel office of your department.